Form	990

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.





A	or th	e 2014 calendar year, or tax year beginning and endir	ng			
B	Check if pplicable: C Name of organization D Employer identification number					
	Addre					
	Name Chang	e Doing business as		31-0	668800	
	Initial returr		n/suite	E Telephone number		
	Final	P.O. BOX 33624		(937)258-1218	
_	termin ated	, , , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		G Gross receipts \$	11,973,277.	
	Amer	WRIGHI FAILERSON AFB, OH 45455-0024		H(a) Is this a group r		
	Appli tion pendi		III	for subordinates		
	-	SAME AS C ABOVE		H(b) Are all subordinates i		
		empt status: $X 501(c)(3) 501(c) () < (insert no.) 4947(a)(1) or A = 100000000000000000000000000000000000$	527		list. (see instructions)	
				H(c) Group exemption		
			_ Year o	of formation: 1900	A State of legal domicile: OH	
Pa	art I					
ce	1	Briefly describe the organization's mission or most significant activities: SUPPORT OF THE UNITED STATES AIR FORCE.	OF	ILE NATION	AL MUSEUM	
Activities & Governance	2	Check this box	f more	than 25% of its not a	esote	
ver	3	Number of voting members of the governing body (Part VI, line 1a)		I	25	
õ	4	Number of independent voting members of the governing body (rait vi, interia)			25	
Š	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)			61	
<i>i</i> tie	6	Total number of volunteers (estimate if necessary)			52	
cti	-	Total unrelated business revenue from Part VIII, column (C), line 12		7a	2,700.	
4		Net unrelated business taxable income from Form 990-T, line 34			-424.	
				Prior Year	Current Year	
ē	8	Contributions and grants (Part VIII, line 1h)		2,135,644.	3,112,657.	
Revenue	9	Program service revenue (Part VIII, line 2g)		815,204.	802,413.	
sev.	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		298,982.	130,102.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,291,407.	1,576,941.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,541,237.	5,622,113.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	· · · · · · · · · · · · · · · · · · ·	37,250,185.	2,688,781.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,371,592.	1,491,001.	
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
Т. Д		Total fundraising expenses (Part IX, column (D), line 25) 304,646.	-	1 466 240		
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,466,348.	1,515,511.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		40,088,125. 35,546,888.	5,695,293. -73,180.	
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12			-	
Net Assets or Fund Balances		Tatal accests (Dart V. June 10)		jinning of Current Year 16,906,886.	End of Year 15,177,308.	
Asse Bala	20	Total assets (Part X, line 16)		8,841,369.	6,991,796.	
Vet / und	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		8,065,517.	8,185,512.	
		Signature Block	•	0,000,017	0,100,012.	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer MR. ROBERT J. SUTTMAN	II, TREASURER	Date	
	Type or print name and title			
	Print/Type preparer's name	Preparer's signature	Date Check	PTIN
Paid	MARY T. COLEGATE CPA	MARY T. COLEGATE	CPA04/27/15 if self-employed	P00197566
Preparer	Firm's name 🕒 BRADY, WARE & SO	CHOENFELD, INC.	Firm's EIN 🕨 3	35-1476702
Use Only	Firm's address ONE SOUTH MAIN S	STREET, SUITE 600		
	DAYTON, OH 45402	2-2088	Phone no. (937	/)223-5247
May the I	AS discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
432001 11-0	7-14 LHA For Paperwork Reduction Act Not	ce, see the separate instruction	S.	Form 990 (2014)

	990 (2014) THE AIR FORCE MUSEUM FOUNDATION, INC. 31-0668800 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO ASSIST IN DEVELOPING AND INCREASING THE FACILITIES OF THE NATIONAL
	MUSEUM OF THE UNITED STATES AIR FORCE AND TO PORTRAY AND PRESERVE THE
	HISTORY OF THE UNITED STATES AIR FORCE AND TO TORIRAT AND TRESERVE THE
	EXHIBITING AERONAUTICAL ITEMS ASSOCIATED WITH CELEBRATED EVENTS,
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,542,825. including grants of \$) (Revenue \$ 2,387,162.
	OPERATION OF A MUSEUM STORE (INCLUDING A SIGNIFICANT BOOK STORE OF USAF
	AND RELATED EDUCATIONAL MATERIALS), AIR FORCE MUSEUM THEATRE AND
	SIMULATORS IN ACCORDANCE WITH THE FOUNDATION'S EXEMPT PURPOSE. OPERATION OF 2 SMALL CAFE-STYLE EATING FACILITIES. OPERATIONS INCLUDE
	PUBLICIZING THE MUSEUM AND FURTHERING ITS EDUCATIONAL BENEFITS TO 1
	MILLION VISITORS/YEAR.
4b	(Code:) (Expenses \$ 145,428. including grants of \$) (Revenue \$ 11,078.
	PROVIDE ASSISTANCE FOR MUSEUM OPERATIONS, INCLUDING FACILITY
	IMPROVEMENTS, PROMOTION OF THE MUSEUM AND ITS MANY VARIED ACTIVITIES,
	SUPPORT FOR THE VOLUNTEER PROGRAM AND VOLUNTEER RECOGNITION, SUPPORT
	FOR THE NATIONALLY RECOGNIZED LECTURE SERIES BY NOTABLE AIRMAN AND
	SPACE-RELATED PERSONS, SUPPORT FOR THE MUSEUM EDUCATIONAL PROGRAMS
	INCLUDING SPACE CAMP, TEACHER TRAINING, HOME SCHOOL EVENTS, AND OTHER EDUCATIONAL ACTIVITIES AND SUPPORT FOR MUSEUM SPECIAL EVENTS SUCH AS
	MILITARY GROUP REUNIONS, CONCERTS, EXHIBIT OPENINGS, ETC.
	MILLIARI GROUP REUNIONS, CONCERIS, EAHIBII OPENINGS, EIC.
4c	(Code:) (Expenses \$ 2,688,781. including grants of \$ 2,688,781. (Revenue \$)
	DONATE FUNDS TO THE UNITED STATES AIR FORCE FOR FACILITY IMPROVEMENT
	AND EXPANSION. THE CURRENT EXPANSION PROJECT IS SET TO ADD 224,000 SQ
	FT. OF EXHIBIT SPACE COMPRISED OF FOUR NEW GALLERIES INCLUDING A SPACE
	GALLERY PRESENTING THE AIR FORCE ROLE IN SPACE, A PRESIDENTIAL AIRCRAFT
	GALLERY DISPLAYING 'AIR FORCE ONE' AIRCRAFT, A GLOBAL REACH GALLERY
	SHOWING THE IMPORTANT ROLE OF AIRLIFT IN MILITARY OPERATIONS, AND A
	RESEARCH AND DEVELOPMENT GALLERY SHOWING EXPERIMENTAL AIRCRAFT. THE
	AIR FORCE MUSEUM FOUNDATION DONATED AN INITIAL \$750,000 IN 2010 FOR
	DESIGN AND PRELIMINARY TESTING. THEN IN 2013 THE FOUNDATION GAVE
	\$37.2M FOR THE PROJECT AND IN 2014 THE FOUNDATION GAVE AN ADDITIONAL
	\$2.69M FOR THE PROJECT. THE AIR FORCE MUSEUM FOUNDATION WILL CONTINUE
	FUND-RAISING EFFORTS TO PROVIDE FUNDING TO THE MUSEUM FOR ADDITIONAL
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 4,377,034.
3200	Form 990 (20)
1-07-	14 SEE SCHEDULE O FOR CONTINUATION(S)
<u>م</u> د	2 427 705220 22142 000 2014 02040 MUE ATE EODOE MUCEUM EOUNDA 22142 0
20	427 795339 23143.000 2014.03040 THE AIR FORCE MUSEUM FOUNDA 23143_0

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	114		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	4.4%		х
15	or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		- 23
15	foreign organization ? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form **990** (2014)

432003 11-07-14

THE	AIR	FORCE	MUSEUM	FOUNDATION,	INC.

Pa	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
2 4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			<u> </u>
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
		24a		x
h		24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240		├──
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		├──
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		──
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			<u> </u>
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?			<u> </u>
51	If "Yes," complete Schedule N, Part I	31		x
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32		20		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		0		x
~ .	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			v
	Part V, line 1	34		X
35a		35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		└──
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u></u>
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			ĺ
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2014)

432004 11-07-14

Form 990 (2014)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Not a Ender the number exported in Box 3 of Form 1080 Exter 0 if not applicable 11 15 1 b Ender the number oported in Ine 1a. Enter 0-if not applicable 11 15 1 c Bit the organization comply with backing withholding rules for reportable payments to vendors and reportable gamma (gambing winnings to prize winners?) 1 2 611 2 Finite the number of polyces reported on Term W3, Transmittal of Wage and Tax Statements. 2a 611 2 X Note. If the sum of the canonic applicable 1 1 2 X X a Bit the organization have unviolated business gross income of \$1,000 or more during the sum? 2a X X a H Yae, "name the ale form 300 CNF to the say? If Yoe," in ass. during the support Yoe," 3a B X a H Yae, "name the dia form 300 CNF to the say? If Yoe," in ass. during the support Yoe," 3a X X b H Yae, "name the dia form 300 CNF to the say? If Yoe," in ass. during the support Yoe," 3a X X b H Yae, "a wore the sum of the forgin county, be Sa X X X X X </th <th>Form</th> <th>990 (2014) THE AIR FORCE MUSEUM FOUNDATION, INC. 31-0668</th> <th>800</th> <th>P</th> <th>age 5</th>	Form	990 (2014) THE AIR FORCE MUSEUM FOUNDATION, INC. 31-0668	800	P	age 5
1a Enter the number reported in Box 3 of Form 1098. Enter -0. If not applicable 10 10 10 1a Enter the number of Forms W2G included in Ine 1a. Enter -0. If not applicable 10 10 0 c Did the organization comply with backup withholding rules for reportable payments to vencions and reportable gaming gambling) within within the vear covered by this return. 2a Col 2a Enter the number of prome W2G included in Ine 1a. Enter -0. If not applicable 2a Col 2b If the organization form with a chan wear covered by this return. 2a Col 2b Mote. If the sum of lines 1 and 2 is greater than second; second by the vear covered by this return. 2a Col 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Xa 3b Did the organization applicable the organization frame an interest in, or a signature or other authority over, a financial accounty? 4a X 3c Bid the organization in the organization that a signate than a signate than applicable tax shell the applicable tax shell the organization signate tax shell the organization signate	Pa				
a Enter the number eported in Exx 3 of Fam 1066. Enter -0: if not applicable is 15 b Enter the number of Fams Wals Chickuda in the set Enter 0: if not applicable apyments to vendors and reportable gaming (gambling) winnings to pice within 50 models). 1c X 2 Enter the number of applicable exponents on the set provide on the provide on the set provide on the 2, add the organization file all required forder all engineements. 2a 61 b If at least one is reported on for W3.3, Transmittal of Wage and Tax Statements. 2a 61 2b b If at least one is reported on for W3.3, Transmittal of Wage and Tax Statements. 2a 61 2b b If Ves, 'Intel 1 and 2a is greater than 250, your may be required to e-file (see instructions) 3a X b If Ves, 'Intel 1 for the sum of lines 1 and 2a is greater than 250, your may be required to e-file (see instructions) 3a X b If Ves, 'Intel 1 for the forgin country. At any time there is no real start within the year? 3a X b If Ves, 'In the site on a foreign country. If Ves, 'In the site on approximation have embed approximation and any time of the any start. 3a X b If Ves, 'In the Sa or 5b, did the organization file Form 888417. 6a X X c If Ves, 'In the sis an 5b, did the organization file Form 888417.		Check if Schedule O contains a response or note to any line in this Part V			
b Enter the number of Forms W23 included in the 1a. Enter of in ori applicable in in in a Enter the number of employees reported on Form W3, Transmittatio Wage and Tax Statements, and exploration comply with a within wear covered by the return. in				Yes	No
c Did the organization comply with backup withholding ules for reportable payments to vendors and reportable gaming (gambling) winnings to price winners? 1	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 15			
gambing winnings to prize winners? ic X 2a Enter the number of employees reported on frem W3, Transmittal of Wage and Tax Statements. 2a 61 b if at least one is reported on line 2a, did the organization fiel all required the derived in the selent amployment tax returns? 2b X 3a Dd the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b If "yes," hast filled a Form 900 Tor this year? 3a X X 4a Any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a francial accounts for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solidit and solidit as other transaction at any time during the tax year? 5a X 6b Yes, 'i did the organization include with every solicitation an express statement that such contributions on glins were not tax deductible or transaction area with a solid and partly for globs and services provided to the payor? 7a X <th>b</th> <th>Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0</th> <th></th> <th></th> <th></th>	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
2a Enter the number of employees reported on Form W-G. Transmittal of Wage and Tax Statements. 2a 61 if at least one is reported on line 2a, dot the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a X a Dat the organization have unified business greating in the sear? 3a X b If Y-se, "hast filed a Form 900-T for this year? If No, "to ine 3b, provide an explanation in Schedule O 3b X a At any time the name of the foreign country (such as a bank account, securities account, or other financial account)? 4a X b If Y-se, "near the name of the foreign country (such as a bank account, securities account, or other financial Accounts (FBAR). 5a X b B was the organization naper to prohibited tax shelter transaction? 5a X 5b X b D organization approximation particular proves volicitation an express statement that such contributions or offfs were not tax deductible? 5a X b If Y-se, "in line S add the organization file Form 808871 6a X bd c If Y'se, "in line S add the organization file Form 808871 6a X bd D If Y-se, "in line S add the organization file Form 808871 6a X	с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
till og for the calendar year ending with or within the year covered by this return 2a 61 b If at least ne is reported on line 2a, did the organization file all required to 4fe (see Instructions) 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b X 3b If 1 'ves, in set file a Form 0900 or the year? 3a X 3b X X 41 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is for file organization to have an interest in, or a signature or other financial account? 4a X b If 'ves, inder the name of the foreign county: > See instructions for filing requirements for Filic (PENForm 114, Report of Foreign Bank and Financial Accounts (FBAR). Sa X 5a Max the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that ween to tak deductible of mole masks and thank to includue with every solicitation an express statement that such contributions or gifts were not tak deductible or other walke of the goods or services provided? Se X b If 'Ves', id dithe organization include with every solicitation an express tatement that such contributions or gifts were not tak deductible or file goods or services provided? Se X b If the granization neeve any fund, directly or in		(gambling) winnings to prize winners?	1c	Х	
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? 7h 8 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advised, presenter and capital contributions included on Part VIII, line 12 10a 9 Section 501(c)(7) organizations. Enter: 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b 12 Section 501(c)(12) organizations. Enter: 10b 11a 13 Gross income from members or shareholders 11a 12a 14 Section 501(c)(12) organization filing Form 990 in lieu of Form 1041? 12a 12a 12a 12a		, , , , , , , , , , , , , , , , , , , ,			
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					<u> </u>
	<u> </u>			990	(2014)

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Form 990 (2014

THE AIR FORCE MUSEUM FOUNDATION, INC.

Check if Schedule O contains a response or note to any line in this Part VI

31-0668800 Page 6

X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			25		Yes	1
la	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	<u> </u>			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		25			
	Enter the number of voting members included in line 1a, above, who are independent					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship of a business relating relationship of a business			2	Х	ŀ
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under			2	21	╀
5	of officers, directors, or trustees, or key employees to a management company or other person?			3		
1	Did the organization make any significant changes to its governing documents since the prior Form			4		╉
5	Did the organization become aware during the year of a significant diversion of the organization's a			5		t
5	Did the organization bave members or stockholders?			6		t
	Did the organization have members, stockholders, or other persons who had the power to elect or			-		t
u	more members of the governing body?			7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members					l
	persons other than the governing body?	and he at a f		7b		╞
	Did the organization contemporaneously document the meetings held or written actions undertaken during the y		,		v	1
	The governing body?			8a	X	╀
	Each committee with authority to act on behalf of the governing body?			8b	Х	+
)	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re			_		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		1
eC)	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Coo	<i>ie.)</i>		V-	т
) -	Did the executivation have local chapters, hyperplace or efficience		Г	10-	Yes	┨
	Did the organization have local chapters, branches, or affiliates?		r	10a		┦
b	If "Yes," did the organization have written policies and procedures governing the activities of such			401-		I
1	and branches to ensure their operations are consistent with the organization's exempt purposes?		1	10b	Х	┦
	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	buy before fill	ing the form?	11a	Λ	+
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			10-	х	l
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	┨
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ri Did the organization regularly and consistently monitor and enforce compliance with the policy? If			12b		+
	in Schedule O how this was done			12c	х	
	Did the organization have a written whistleblower policy?			13	Х	t
1	Did the organization have a written document retention and destruction policy?			14	Х	t
	Did the process for determining compensation of the following persons include a review and appro					t
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					I
а	The organization's CEO, Executive Director, or top management official			15a	Х	I
	Other officers or key employees of the organization			15b	X	t
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					t
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a				I
	taxable entity during the year?			16a		I
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu					t
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	=				I
	exempt status with respect to such arrangements?			16b		I
ect	tion C. Disclosure					ĺ
7	List the states with which a copy of this Form 990 is required to be filed $ ightarrow OH$					
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990)-T (Section 5	01(c)(3)s only) a	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply.	·				
		in in Schedul	,	figer		
•	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	connict of inte	rest policy, and	nnan	cial	
9	statements available to the public during the tax year.					
	Ctate the name address and telephone number of the new state state the second telephone in the second state of the second stat		Joras: 🗩			
	State the name, address, and telephone number of the person who possesses the organization's to MICHAEL P. IMHOFF – (937)258–1218	books and rec				_
		DOOKS and rec				_

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	, ,	i ge				npo	nou			
(A)	(B)			_ (0				(D)	(E)	(F)
Name and Title	Average	(do		Pos heck		l than	one	Reportable	Reportable	Estimated
	hours per					is bot pr/trus		compensation	compensation	amount of
	week	<u> </u>						from	from related	other
	(list any hours for	lirecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			satec		(W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trustee		yee	mper				and related
	below	Individual trustee or director	Institutional t	5	Key employee	est co oyee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former			
(1) MS. FRANCES A. DUNTZ (START	4.20									
5/14)CHAIRMAN, BOARD OF MANAGERS		X		Х				0.	0.	0.
(2) MR. PHILIP L. SOUCY	2.00									
(START 5/14) PRESIDENT		X		X				0.	0.	0.
(3) COL RET. JAMES B. SCHEPLEY	2.10									
(START 5/14) VICE PRESIDENT		X		X				0.	0.	0.
(4) COL RET. SUSAN E. RICHARDSON	2.10									
(START 5/14) SECRETARY		X		X				0.	0.	0.
(5) MR. ROBERT J SUTTMAN II, CFA	2.20									
TREASURER		X		X				0.	0.	0.
(6) DR. DEBORAH E. BARNHART	0.60									
TRUSTEE		X						0.	0.	0.
(7) GEN RET. WILLIAM J. BEGERT	0.50									
TRUSTEE		X						0.	0.	0.
(8) HONORABLE CLAUDE M. BOLTON JR.	1.20									
TRUSTEE		X						0.	0.	0.
(9) COL RET. MARK N. BROWN	1.80									
TRUSTEE		X						0.	0.	0.
(10) DR. THOMAS J. BURNS, PHD	0.50									
TRUSTEE		X						0.	0.	0.
(11) LT GEN RET. CHARLES H. COOLIDGE	0.30									
JR. TRUSTEE		Х						0.	0.	0.
(12) BRIG GEN RET. PAUL R. COOPER	1.30									
TRUSTEE		Х						0.	0.	0.
(13) DR. PAMELA A. DREW	0.90									
TRUSTEE		Х						0.	0.	0.
(14) MR. ROGER D. DUKE	0.80									
TRUSTEE		X						0.	0.	0.
(15) MR. DAVID C. EVANS	1.50									
TRUSTEE		Х						0.	0.	0.
(16) LT GEN RET. LAWRENCE P. FARRELL	0.10									
(END 5/14) TRUSTEE		Х						0.	0.	0.
(17) MR. CHARLES J. FARUKI	1.80									
TRUSTEE		Х						0.	0.	0.
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Form 990 (2014)

Form 99	0 (2014)
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Part VII Section A. Officers, Directors, Tru		ploy 	/ees			ighe	st C					(Г)	
(A) Name and title	(B) Average			Pos	C) sition	ı		(D) Reportable	(E) Reportable		Fe	(F) timated	
Name and the	hours per		not c	heck	more erson i	than		compensation	compensatio			nount of	
	week				directo			from	from related			other	
	(list any	director						the	organization		com	pensatio	n
	hours for	or din	e			ated		organization	(W-2/1099-MIS	SC)		om the	
	related organizations		truste		e	bensi		(W-2/1099-MISC)			•	anization	
	below	ual tr	tional		ploye	t com						l related nizations	2
	line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	inzation	,
(18) COL RET. MICHAEL B. GOETZ	0.30												
(END 5/14) TRUSTEE		Х						0.	,	0.		().
19) COL RET. FREDERICK D. GREGORY	0.30									~			
		X						0.	,	0.		().
(20) MAJ GEN RET. E. ANN HARRELL	0.60	x						0.		ο.).
RUSTEE 21) COL RET. WILLIAM S. HARRELL	1.60					-		0.	• 	0.		L L	•
RUSTEE	1.00	x						0.		Ο.		ſ).
(22) CMSGT RET. ERIC R. JAREN	1.00	<u> </u>			+	\vdash			· 	•			•
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23) MR. CHARLES F. KETTERING III	0.50	1	1		1	1			1				
END 5/14) TRUSTEE		Х						0.	,	Ο.		0).
24) MR. GREGORY G. LOCKHART	1.20												
TRUSTEE		х						0.	,	0.		().
(25) COL. RET. PAMELA A. MELROY	0.40							0		~			、
END 11/14) TRUSTEE 26) GEN RET. T. MICHAEL MOSELEY	0.10	X			-			0.	•	0.).
(26) GEN RET. T. MICHAEL MOSELEY (END 5/14) TRUSTEE	0.10	x						0.		ο.		ſ).
								0.	·	0.).
1b Sub-total c Total from continuation sheets to Part V								271,288	,	0.		8,931	
d Total (add lines 1b and 1c)								271,288.		0.		8,931	
2 Total number of individuals (including but								eceived more than \$10	0,000 of reportab	le			
compensation from the organization													2
										r		Yes N	0
3 Did the organization list any former officer	, ,						<i>,</i>	0					,
line 1a? If "Yes," complete Schedule J for											3	2	ζ
4 For any individual listed on line 1a, is the s and related organizations greater than \$15	•		•					•	i the organization		4	3	ζ
5 Did any person listed on line 1a receive or									vidual for services		4		-
rendered to the organization? If "Yes," cor	-				-			-			5	2	ζ
Section B. Independent Contractors			0. 0.		<i>p</i> o. c								-
1 Complete this table for your five highest c	ompensated in	depe	ende	ent c	contr	racto	ors t	hat received more thar	n \$100,000 of com	npens	ation f	rom	
the organization. Report compensation for	r the calendar y	ear	endi	ng v	with	or w	rithin	the organization's tax	year.				
(A)			~ > 7 7	_				(B)		~	(C		
Name and busines	sauuress	NC	ONI	5			_	Description of	services		omper	nsation	
							_						
													_
2 Total number of independent contractors \$100,000 of compensation from the organ		not li	mite	d to	tho: (se li: 0	sted	above) who received	more than				
SEE PART VII, SECTIO		ΓI	NUZ	AT I	101	NS	SHI	EETS			Form	990 (201	4)
I32008 11-07-14						~							
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20421 199339 23143.000	2014	• 0	50	ΨU	. T.	пĿ	A	IN FUNCE MU	PEOM LOON	DA	LC 7	+3_0	т

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (confinued) (A) (A) (A) (C) (D) (E) (F)									TION, INC.		8800
Name and titls Average bor per werk (list any) related organizations below blow Position (werk (list any) below blow Reportable set set set set set set set set set se			nplo	byee			ligh	est			
Hours week (1) (check all that apply) week (1) compensation from (1) compensation from (1) amount of other compensation from related organizations and related organizations (W2/1099-MISC) amount of other compensation from related organizations and related organizations and related organizations (27) LT GEN RET, RICHARD V, REYNOLDE ZRUSTER 2.50 X X 0. 0. 0. (27) LT GEN RET, RICHARD V, REYNOLDE ZRUSTER 2.50 X X 0. 0. 0. (29) MR, SCOT 7, SHYMOIR 0.500 X X 0. 0. 0. 0. (30) MR, GARY G, GYRPHENGON 1.00 X X 0. 0. 0. 0. (31) MR, RARY W, STOKERS JR, TRUSTER 0.500 X X 18,674 0. 955 (33) COL, RET, LAREY N, STOKERS JR, TRUSTER 50.00 X 110,385 0. 1,274 (34) MR, MICHAEL P, THAGYDER 50.00 X 130 A 0. 0. (34) MR, MICHAEL P, THAGYDER 50.00 X 110,385 0. 6,403 (35) COL, MORA RET, R.M. VOLLMER 1 1 1 1 1	(A)	(B)			(0	C)			(D)	(E)	(F)
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					MUSEUM	FOUNDATION	, INC.	31-0668	800 Page 9
Pa	rt V	/11							
			Check if Schedule O cont	ains a response	or note to any lir	ne in this Part VIII (A)	(B)	(C)	
						(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues		505,857.				
Am (с	Fundraising events	1c					
lar la		d	Related organizations	1d					
ini,		е	Government grants (contribut	ions) 1e					
er S		f	All other contributions, gifts, gran	ts, and					
- Î Ê Ê			similar amounts not included abo	ve 1f	2,606,800.				
ont ont		-	Noncash contributions included in lines		986.				
<u>a</u> C		h	Total. Add lines 1a-1f			3,112,657.			
	-				Business Code 512000		700 625	2 700	
vice	2	-	THEATRE REVENUE MUSEUM OPERATIONS		512000	791,335. 11,078.	788,635. 11,078.	2,700.	
Ser			MOSEOM OFERATIONS		512000	11,078.	11,078.		
ne Ver		c d							
Program Service Revenue		e		<u>_</u>					
P,			All other program service reve	enue					
			Total. Add lines 2a-2f		►	802,413.			
	3		Investment income (including						
			other similar amounts)			119,737.			119,737.
	4		Income from investment of tax						
	5		Royalties						
	~	_	0	(i) Real	(ii) Personal				
			Gross rents Less: rental expenses						
			Rental income or (loss)						
			N	L					
			Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	5,232,757.					
		b	Less: cost or other basis						
			and sales expenses	5,220,130.					
		С	Gain or (loss)	12,627.	-2,262.				
			Net gain or (loss)		····· •	10,365.			10,365.
Other Revenue	8	а	Gross income from fundraisin including \$	of					
Rev			contributions reported on line	-					
Jer			Part IV, line 18		21 506				
₹			Less: direct expenses		21,586.	-21,586.			-21,586.
			Gross income from gaming ac	•	····· >	21,300.			21,300.
	3	a	Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gam		>				
	10	а	Gross sales of inventory, less	returns					
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sale			1,559,275.	1,559,275.		
			Miscellaneous Revenu	e	Business Code 512000		00 AED		
	11		MAIL ORDER FEES		512000	23,453. 2,938.	23,453. 2,938.		
		b c			512000	2,550.	2,530.		
		d	All other revenue		512000	12,861.	12,861.		
						39,252.	,		
	12		Total revenue. See instructions.			5,622,113.	2,398,240.	2,700.	108,516.
43200 11-07-	9 14								Form 990 (2014)

10

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Part IX Statement of Functional Expenses

THE AIR FORCE MUSEUM FOUNDATION, INC.

	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons		-		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments. See Part IV, line 21	2,688,781.	2,688,781.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 010		111 400	
	trustees, and key employees	280,219.	97,763.	111,462.	70,994
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1 051 001	F00 C41	210 000	120 540
7	Other salaries and wages	1,051,081.	592,641.	318,898.	139,542.
8	Pension plan accruals and contributions (include	06 007	15 000		1 266
	section 401(k) and 403(b) employer contributions)	26,987.	15,092.	7,529.	<u>4,366</u> 1,742
9	Other employee benefits	28,548.	19,412.	7,394.	1,742
10	Payroll taxes	104,166.	56,449.	32,629.	15,088
11	Fees for services (non-employees):				
а	Management				
	Legal	15,745.		15,745.	
	Accounting	53,386.		53,386.	
	Lobbying				
е	Professional fundraising services. See Part IV, line 17	E 000		E 000	
f	Investment management fees	5,000.		5,000.	
g	Other. (If line 11g amount exceeds 10% of line 25,	20 014	1 000	27 110	0.0.0
	column (A) amount, list line 11g expenses on Sch 0.)	39,014. 73,506.	1,000.	37,112.	<u>902</u> 2,770
12	Advertising and promotion	167,474.	70,736.	19,428.	
13	Office expenses	24,001.	138,967. 21,948.	1,567.	9,079. 486.
14	Information technology	24,001.	21,940.	1,507.	400
15	Royalties				
16	Occupancy	4,893.	1,098.	2,559.	1,236.
17	Travel	4,093.	1,090.	2,559.	1,230.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	222,770.		222,770.	
20		222,110.		222,110.	
21	Payments to affiliates	244,674.	123,549.	108,122.	13,003
22	Depreciation, depletion, and amortization	37,509.	16,461.	21,048.	15,005
23		57,509.	10,401.	21,040.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	THEATRE OPERATIONS	247,975.	247,975.		
b	MUSEUM OPERATIONS	145,428.	145,428.		
с	SERVICE CONTRACTS	121,010.	51,321.	34,279.	35,410
d	PRINTING	64,858.	56,665.	1,915.	6,278.
е	All other expenses	48,268.	31,748.	12,770.	3,750.
25	Total functional expenses. Add lines 1 through 24e	5,695,293.	4,377,034.	1,013,613.	304,646
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

432010 11-07-14

Check here

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if following SOP 98-2 (ASC 958-720)

11 2014.03040 THE AIR FORCE MUSEUM FOUNDA 23143_01

Form **990** (2014)

432011
11-07-14

Form 990 (2014)

Part X Balance Sheet

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THE AIR FORCE MUSEUM FOUNDATION, INC.

31-0668800 Page 11

		Check if Schedule O contains a response or not	a to ar	v line in this Part X			
					(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing			17,821.	1	17,940.
	2	Savings and temporary cash investments			2,275,833.	2	2,977,685.
	3	Pledges and grants receivable, net			7,957,680.	3	6,246,760.
	4	Accounts receivable, net			112,911.	4	51,950.
	5	Loans and other receivables from current and fo			,,		
	ľ	trustees, key employees, and highest compensat					
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif				Ŭ	
	ľ	section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect		-			
s		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use			298,270.	8	265,140.
	9				20,856.	9	44,290.
		Land, buildings, and equipment: cost or other			,	-	
		basis. Complete Part VI of Schedule D	10a	1,727,357.			
	ь	Less: accumulated depreciation	10b	927,841.	868,505.	10c	799,516.
	11	Investments - publicly traded securities			5,189,414.	11	4,646,830.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			165,596.	14	127,197.
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			16,906,886.	16	15,177,308.
	17	Accounts payable and accrued expenses			201,151.	17	273,885.
	18	Grants payable				18	
	19	Deferred revenue			64,630.	19	77,230.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ŝ	22	Loans and other payables to current and former	office	s, directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and	disqualified persons.			
iabi		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela			8,438,500.	23	6,515,250.
	24	Unsecured notes and loans payable to unrelated	d third	parties		24	
	25	Other liabilities (including federal income tax, pay	ables	to related third			
		parties, and other liabilities not included on lines	17-24	. Complete Part X of			
					137,088.	25	125,431.
	26	Total liabilities. Add lines 17 through 25			8,841,369.	26	6,991,796.
		Organizations that follow SFAS 117 (ASC 958), cheo	k here ► 🚺 and			
ses		complete lines 27 through 29, and lines 33 an					
anc	27	Unrestricted net assets			7,605,008.	27	7,558,673.
Bal	28	Temporarily restricted net assets		·····	460,509.	28	626,839.
pu	29			L		29	
Fu		Organizations that do not follow SFAS 117 (As	SC 95	3), check here 🕨 🛄			
ğ		and complete lines 30 through 34.					
sets	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc				32	
~	33	Total net assets or fund balances			8,065,517.	33	8,185,512.
	34	Total liabilities and net assets/fund balances			16,906,886.	34	15,177,308.
							Form 990 (2014)

12 2014.03040 THE AIR FORCE MUSEUM FOUNDA 23143_01

Form	990 (2014) THE AIR FORCE MUSEUM FOUNDATION, INC.	31	-0668800	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,62		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,69		
3	Revenue less expenses. Subtract line 2 from line 1	3			80.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,06		
5	Net unrealized gains (losses) on investments	5			89.
6	Donated services and use of facilities	6	2	1,5	86.
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	8,18	5,5	12.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	з,		
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?			X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	udit		
	Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				000	/ · · ·

Form **990** (2014)

432012 11-07-14

SCHED	ULE A
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Department of the Treasury

Internal Revenue Service

(Form 990	or 990-EZ
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Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Open	to	Public
		tion

OMB No. 1545-0047

2014

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. fication number

Name o	f the organization	Employer identification number								
	THE AIR FORCE MUSEUM FOUNDATION, INC.	31-0668800								
Part I	Reason for Public Charity Status (All organizations must complete this part.) See instructions	S.								
The orga	anization is not a private foundation because it is: (For lines 1 through 11, check only one box.)									
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)	(iii). Enter the hospital's name,								
	city, and state:									
5	An organization operated for the benefit of a college or university owned or operated by a governmental u	init described in								
	section 170(b)(1)(A)(iv). (Complete Part II.)									
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 X	floor An organization that normally receives a substantial part of its support from a governmental unit or from t	he general public described in								
	section 170(b)(1)(A)(vi). (Complete Part II.)									
8	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)									
9	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, members	hip fees, and gross receipts from								
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of	its support from gross investment								
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the or	ganization after June 30, 1975.								
	_ See section 509(a)(2). (Complete Part III.)									
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).									
11 📖	ig angle An organization organized and operated exclusively for the benefit of, to perform the functions of, or to ca	arry out the purposes of one or								
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 5	i09(a)(3). Check the box in								
-	lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and	d 11g.								
aL	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), t	ypically by giving								
	the supported organization(s) the power to regularly appoint or elect a majority of the directors or truste	es of the supporting								
_	organization. You must complete Part IV, Sections A and B.									
b L	Type II. A supporting organization supervised or controlled in connection with its supported organizatio	n(s), by having								
	control or management of the supporting organization vested in the same persons that control or mana	ge the supported								
-	organization(s). You must complete Part IV, Sections A and C.									
c	Type III functionally integrated. A supporting organization operated in connection with, and functional	lly integrated with,								
Г	its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.									
d	Type III non-functionally integrated. A supporting organization operated in connection with its support	•								
	that is not functionally integrated. The organization generally must satisfy a distribution requirement and	d an attentiveness								
г	requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.									
e L	Check this box if the organization received a written determination from the IRS that it is a Type I, Type	II, Type III								
	functionally integrated, or Type III non-functionally integrated supporting organization.									
	nter the number of supported organizations									
g Pr	rovide the following information about the supported organization(s).	monetary (vi) Amount of								

(i) Name of supported organization	(ii) EIN	(described on lines 1-9	(iv) Is the organization listed in your governing document? Yes No		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
Total						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

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2014.03040 THE AIR FORCE MUSEUM FOUNDA 23143_01

14

Schedule A (Form 990 or 990-EZ) 2014 THE AIR FORCE MUSEUM FOUNDATION, INC. 31-0668800 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	6,459,027.	2,134,149.	2,987,692.	2,135,644.	3,112,657.	16,829,169.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf						1			
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge \dots						1			
4	Total. Add lines 1 through 3	6,459,027.	2,134,149.	2,987,692.	2,135,644.	3,112,657.	16,829,169.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)						5,411,901.			
6	Public support. Subtract line 5 from line 4.						11,417,268.			
Sec	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
7	Amounts from line 4	6,459,027.	2,134,149.	2,987,692.	2,135,644.	3,112,657.	16,829,169.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources	703,909.	677,198.	726,592.	537,910.	119,737.	2,765,346.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on	-1,721.				-424.	-2,145.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	21,682.	29,437.	29,151.	26,700.	39,252.	146,222.			
11	Total support. Add lines 7 through 10						19,738,592.			
12	Gross receipts from related activities,	, etc. (see instruction	ons)		•	12 18	,032,071.			
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)				
	organization, check this box and stop	o here			-					
Sec	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2014 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	57.84 %			
15	Public support percentage from 2013	3 Schedule A, Part	II, line 14			15	51.14 %			
16a	33 1/3% support test - 2014. If the c	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or n	nore, check this bc				
	stop here. The organization qualifies as a publicly supported organization									
b	33 1/3% support test - 2013. If the c	organization did no	t check a box on l	ine 13 or 16a, and	l line 15 is 33 1/3%	or more, check th	nis box			
	and stop here. The organization qualifies as a publicly supported organization									
17a	10% -facts-and-circumstances tes	t - 2014. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,			
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization									
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
b	b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or									
	more, and if the organization meets the	he "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	ı in Part VI how the				
	organization meets the "facts-and-cire	cumstances" test.	The organization o	qualifies as a publi	cly supported orga	anization				
18	Private foundation. If the organization	on did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	and see instruction	s ►			
					Sche	edule A (Form 990	or 990-EZ) 2014			

432022 09-17-14

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")					1	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5				1	1	
	Amounts included on lines 1, 2, and				1	1	1
	3 received from disgualified persons					1	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support				-		
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for	the organization's	s first, second, th	ird, fourth, or fifth t	tax year as a section	on 501(c)(3) organi	zation,
							▶∟
	tion C. Computation of Publ					1 1	
	Public support percentage for 2014 (I					15	%
	Public support percentage from 2013					16	%
	tion D. Computation of Inves					, , , , , , , , , , , , , , , , , , , 	
	Investment income percentage for 20					17	%
	Investment income percentage from 2						%
	33 1/3% support tests - 2014. If the						
	more than 33 1/3%, check this box a						
	33 1/3% support tests - 2013. If the	•			-		
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly supp	oorted organization	•▶∐
20	Private foundation. If the organizatio	<u>n did not check a</u>	box on line 14, 19	9a, or 19b, check t			
43202	3 09-17-14				Scl	hedule A (Form 99	0 or 990-EZ) 201
		-		16			
220	427 795339 23143.00	0 201	14.03040	THE AIR F	ORCE MUSE	UM FOUNDA	23143_01

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in *Part VI* how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in *Part VI* when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in *Part VI* what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If* "Yes," *provide detail in Part VI.*
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer* (*b*) *below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

432024 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

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2014.03040 THE AIR FORCE MUSEUM FOUNDA 23143_01

17

I G	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI. Ition B. Type I Supporting Organizations	11c		i
000			Yes	No
-	Did the directors, trustees, or membership of one or more supported organizations have the power to		162	NO
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	<u>. </u>		L
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u></u>	supported organizations played in this regard.	3		L
-	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see instructions):			
a L	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see inside the organization)</i> .	tructions	•)	
2	Activities Test. Answer (a) and (b) below.	ructions). Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
43202	5 09-17-14 Schedule A (Form 9	90 or 99	0-EZ)	2014
	18			

^{2014.03040} THE AIR FORCE MUSEUM FOUNDA 23143_01

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	vinteora	ted Type III supporting or	anization (see

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

432026 09-17-14

Par	rt V Type III Non-Functiona	ally Integrated 509	(a)(3) Supporting Org	anizations (continued)				
Secti	tion D - Distributions			, , ,	Current Year			
1	Amounts paid to supported organizations to accomplish exempt purposes							
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income fr	om activity						
3	Administrative expenses paid to accomplish exempt purposes of supported organizations							
4	Amounts paid to acquire exempt-use assets							
5								
6	Other distributions (describe in Part							
7	Total annual distributions. Add line	•						
8	Distributions to attentive supported		he organization is responsive	9				
	(provide details in Part VI). See instru	-	5					
9	Distributable amount for 2014 from S							
10	Line 8 amount divided by Line 9 amo							
			(i)	(ii)	(iii)			
			Excess Distributions	Underdistributions	Distributable			
Secti	tion E - Distribution Allocations (see	instructions)		Pre-2014	Amount for 2014			
1	Distributable amount for 2014 from S	Section C. line 6						
2	Underdistributions, if any, for years p							
-	(reasonable cause required-see instr							
3	Excess distributions carryover, if any							
a		, 10 2014.						
 b								
 c								
d								
	From 2013							
	Total of lines 3a through e							
-	Applied to underdistributions of prior	r vears						
	Applied to 2014 distributable amoun	•						
i	Carryover from 2009 not applied (see							
<u></u>	Remainder. Subtract lines 3g, 3h, an	•						
4	Distributions for 2014 from Section E							
-	line 7: \$,						
	· · · · · · · · · · · · · · · · · · ·	, voore						
	Applied to underdistributions of prior Applied to 2014 distributable amoun							
-								
<u> </u>	Remaining underdistributions for yea							
5								
	any. Subtract lines 3g and 4a from line 2 (if amount							
6	greater than zero, see instructions). 6 6 Remaining underdistributions for 2014. Subtract lines 3h							
U	-							
	and 4b from line 1 (if amount greater than zero, see							
7	instructions). 7 Excess distributions carryover to 2015. Add lines 3j							
'								
8	and 4c. Breakdown of line 7:							
<u>a</u>								
<u>b</u>								
<u>c</u>								
	Excess from 2013 Excess from 2014							
e	LAUC33 110111 2014							

Schedule A (Form 990 or 990-EZ) 2014

432027 09-17-14

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20

2014.03040 THE AIR FORCE MUSEUM FOUNDA 23143_01

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

				le A (Form 99	

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Department of the Treasury Internal Revenue Service

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(Form 990)

Supplemental Financial Statements ► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.



Name of the organization

Employer identification number

	THE AIR FORCE MUSEUM FOUNDATION	•	31-0668800
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Si	imilar Funds or	r Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
	(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the assets hele	d in donor advised	funds
	are the organization's property, subject to the organization's exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that gran	nt funds can be use	ed only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any	y other purpose cor	nferring
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the organization answered "Yes'	" to Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).		
	Preservation of land for public use (e.g., recreation or education)	rvation of a historic	ally important land area
	Protection of natural habitat	ervation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservation contribu	tion in the form of a	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a			
b	· · · · · · · · · · · · · · · · · · ·		
	()		2c
d			2d
3	listed in the National Register		
5	year	similated by the or	
4	Number of states where property subject to conservation easement is located		
5	Does the organization have a written policy regarding the periodic monitoring, inspection	on, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation ea	sements during the	e year ► \$
8	Does each conservation easement reported on line 2(d) above satisfy the requirements		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation easements in its reven		
	include, if applicable, the text of the footnote to the organization's financial statements	that describes the	organization's accounting for
Des	conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, Historical Trea	asures, or Othe	er Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.		
Ia	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its		
	historical treasures, or other similar assets held for public exhibition, education, or rese	arch in furtherance	of public service, provide, in Part XIII,
h	the text of the footnote to its financial statements that describes these items.	vonue statement en	d balance about works of art bistoriaal
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev treasures, or other similar assets held for public exhibition, education, or research in fu		
	relating to these items:	intrefatice of public	service, provide the following amounts
	(i) Revenue included in Form 990, Part VIII, line 1		₽ ◀
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or other similar as		
-	the following amounts required to be reported under SFAS 116 (ASC 958) relating to the	-	
а	Revenue included in Form 990, Part VIII, line 1		▶ \$
b			
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.		Schedule D (Form 990) 2014
43205 10-01-	ı 14		

27

2014.03040 THE AIR FORCE MUSEUM FOUNDA 23143_01

Sche		FORCE MUS						31-06			age 2
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	reasures,	or Oth	er Simila	ar Asse	ts (contir	nued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following th	at are a s	significant	use of its	collectio	n item	s
	(check all that apply):										
а	Public exhibition	c			hange prog	rams					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's c			-	-			ose in Par	XIII.		
5	During the year, did the organization solicit of				-				7	_	1
	to be sold to raise funds rather than to be m		U						Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" to	Form 990	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa										
та	Is the organization an agent, trustee, custod								1 v		1
	on Form 990, Part X?							L	Yes		No
a	If "Yes," explain the arrangement in Part XIII	and complete the id	bilowing	table:					A		
	Designing belonge						10		Amoun	[
	Beginning balance										
	Additions during the year										
f	Distributions during the year Ending balance										
2a	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII										1
Pa											
		(a) Current year		Prior year	(c) Two yea		(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance									-	
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
С	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	and administ	ered for	the organiz	zation	г		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations										
b	If "Yes" to 3a(ii), are the related organization								3b		
	t VI Land, Buildings, and Equipn		owment	funds.							
Fai	Complete if the organization answere		Dort	/ line 11e S	Soo Earm 00(Dort V	line 10				
						1					
	Description of property	(a) Cost or c basis (investr			t or other (other)	1	ccumulate preciation		(d) Boo	n value	7
1a	Land		,		. /						
	Buildings										
	Leasehold improvements			24	2,851.		11,3	58.	23	1,4	93.
	Equipment				34,506.		916,4			8,0	
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line i	10c.)				79	9,5	16.

Schedule D (Form 990) 2014

432052 10-01-14

28 2014.03040 THE AIR FORCE MUSEUM FOUNDA 23143_01

Complete if the organization answered "Yes"	to Form 990 Part IV	line 11b See Form 990 Part X line	e 12
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
1) Financial derivatives			-
2) Closely-held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"		line 11c. See Form 990, Part X, line	e 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: (Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		line 11d. See Form 990, Part X, line	
.,	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	(=)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)		
	ta Eaura 000 Daut IV/		
Complete if the organization answered "Yes"	to Form 990, Part IV,		t X, line 25.
(a) Description of liability		(b) Book value	
(1) Federal income taxes		125 421	
(2) MARK TO MARKET ADJUSTMENT		125,431.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	. 05)	125 / 21	
otal. (Column (b) must equal Form 990, Part X, col. (B) line		125,431.	
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under	r ⊢IN 48 (ASC 740). C	heck here if the text of the footnote	e has been provided in Part XIII 🖾

THE AIR FORCE MUSEUM FOUNDATION,

Schedule D (Form 990) 2014

31-0668800 Page 3

INC.

432053 10-01-14

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 THE AIR FORCE MUSEUM FOUNI	DATION,	INC.	31-	0668800 Pag	ge 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	ents With				
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a					
1	Total revenue, gains, and other support per audited financial statements			1	6,719,77	75.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a				
b	Donated services and use of facilities	. 2b	21,586.			
с	Recoveries of prior year grants	. 2c				
d			-54,958.			
е	Add lines 2a through 2d			2e	-33,37	
3	Subtract line 2e from line 1			3	6,753,14	<u>17.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a				
b	Other (Describe in Part XIII.)	. 4b -	1,131,034.			
с	Add lines 4a and 4b			4c	-1,131,03	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,622,11	L3.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten		n Expenses per	Retu	ırn.	
Pa	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		· · ·			
Pa 1			· · ·	Retu 1	ırn. 4 , 070 , 93	30.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a		· · ·			30.
1	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements		· · ·			30.
1 2	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a	· · ·			30.
1 2 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c	· · ·			30.
1 2 a b	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	· · ·		4,070,93	
1 2 b c d	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d -	1,624,363.	1 2e	4,070,93 -1,624,36	53.
1 2 b c d	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d -	1,624,363.	1	4,070,93	53.
1 2 b c d e	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d -	1,624,363.	1 2e	4,070,93 -1,624,36	53.
1 2 b c d 3	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d -	1,624,363.	1 2e	4,070,93 -1,624,36	53.
1 2 3 4	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d -	1,624,363.	1 2e	4,070,93 -1,624,36	53.
1 2 a b c d e 3 4 a	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b	2a 2b 2c 2d -	1,624,363.	1 2e	4,070,93 -1,624,36 5,695,29	53. 93. 0.
1 2 d e 3 4 b c 5	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d -	1,624,363.	1 2e 3	4,070,93 -1,624,36	53. 93. 0.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION HAS ADOPTED ACCOUNTING RULES THAT PRESCRIBE WHEN TO
RECOGNIZE, AND HOW TO MEASURE, THE FINANCIAL STATEMENT EFFECTS OF INCOME
TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, ON ITS INCOME TAX RETURNS.
THESE RULES REQUIRE MANAGEMENT TO EVALUATE THE LIKELIHOOD THAT, UPON
EXAMINATION BY RELEVANT TAXING JURISDICTIONS, THOSE INCOME TAX POSITIONS
WOULD BE SUSTAINED. BASED ON THAT EVALUATION, THE FOUNDATION ONLY
RECOGNIZES THE MAXIMUM BENEFIT OF EACH INCOME TAX POSITION THAT IS MORE
THAN 50% LIKELY OF BEING SUSTAINED. TO THE EXTENT THAT ALL, OR A PORTION
OF, THE BENEFITS OF AN INCOME TAX POSITION ARE NOT RECOGNIZED, A LIABILITY
WOULD BE RECOGNIZED FOR THE UNRECOGNIZED BENEFITS, ALONG WITH ANY INTEREST
AND PENALTIES THAT WOULD RESULT FROM DISALLOWANCE OF THE POSITION. SHOULD
⁴³²⁰⁵⁴ 10-01-14 Schedule D (Form 990) 2014 30
16220427 795339 23143.000 2014.03040 THE AIR FORCE MUSEUM FOUNDA 23143_01

Schedule D (Form 990) 2014 THE AIR FORCE MUSEUM FOUNDATION, INC. 31-0668800 Page Part XIII Supplemental Information (continued)
ANY SUCH PENALTIES AND INTEREST BE INCURRED, THEY WOULD BE RECOGNIZED AS
OPERATING EXPENSES.
BASED ON THE RESULTS OF MANAGEMENT'S EVALUATION, NO LIABILITY HAS BEEN
RECOGNIZED IN THE ACCOMPANYING BALANCE SHEETS FOR UNRECOGNIZED INCOME TAX
POSITIONS. FURTHER, NO INTEREST OR PENALTIES HAVE BEEN ACCRUED OR CHARGED
TO EXPENSE AS OF DECEMBER 31, 2014, OR FOR THE YEAR THEN ENDED. THE
FEDERAL
INFORMATIONAL RETURNS OF THE FOUNDATION FOR 2011, 2012, AND 2013 ARE
SUBJECT TO EXAMINATION BY TAXING AUTHORITIES, GENERALLY FOR THREE YEARS
AFTER THE DUE DATE.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
AMORTIZATION -54,958
PART XI, LINE 4B - OTHER ADJUSTMENTS:
<u>COST OF GOODS SOLD</u> -1,073,009
CAFE EXPENSES -34,177
SPECIAL EVENTS EXPENSE -21,586
LOSS ON SALE OF ASSETS -2,262
TOTAL TO SCHEDULE D, PART XI, LINE 4B -1,131,034
PART XII, LINE 2D - OTHER ADJUSTMENTS:
<u>GRANTS</u> -2,688,781
LOSS ON SALE OF ASSETS 2,262
COST OF GOODS SOLD 1,073,009
CAFE EXPENSES 34,177
UNREALIZED GAIN -11,658 Schedule D (Form 990) 20
432055 10-01-14 31

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 16220427 795339 23143.000
 2014.03040 THE AIR FORCE MUSEUM FOUNDA 23143_01

Schedule D (Form 990) 2014 Part XIII Supplemental Info	THE AIR I	FORCE MUSEUM	I FOUNDATION,	INC.	31-0668800 Page 5
AMORTIZATION					-54,958.
SPECIAL EVENTS EXPE					21,586.
TOTAL TO SCHEDULE I	D, PART XI.	L, LINE 2D			-1,624,363.
432055 10-01-14					Schedule D (Form 990) 2014
			32		

16220427 795339 23143.000 2014.03040 THE AIR FORCE MUSEUM FOUNDA 23143_01

SCHEDULE I	Grants and Other Assistance to Organizations,								
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.								
Department of the Treasury Internal Revenue Service			ion about Schedule I	Attach to For	m 990.		n	Open to Public Inspection	
Name of the organizat			UM FOUNDATI					Employer identification number $31 - 0668800$	
Part I General Ir	nformation on Grants a			•					
-	zation maintain records		-						
criteria used to a	award the grants or assis	stance?						X Yes No	
	IV the organization's pro							N/ Page Of factories	
	d Other Assistance to hat received more than t	-				anization answered "1	res" to Form 990, Part	IV, line 21, for any	
1 (a) Name and ac	dress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
UNITED STATES AIF FUND) - 4375 CHII WRIGHT PATTERSON	LAW ROAD -	31-0542399	GOVT ENTITY	2,688,781.	0.			GENERAL SUPPORT	
2 Enter total numb	per of section 501(c)(3) a	nd government or	rganizations listed in th	ne line 1 table			•	>	
3 Enter total numb	per of other organization	s listed in the line	1 table						
LHA For Paperwork	Reduction Act Notice	, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2014)	

31-0668800

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2

THE NATIONAL MUSEUM OF THE UNITED STATES AIR FORCE IS THE SOLE

BENEFICIARY OF FUNDS RAISED BY THE AIR FORCE MUSEUM FOUNDATION. MOST

GRANTS ARE RELATED TO LARGE CAPITAL EXPANSION PROJECTS AND ARE MADE

PERIODICALLY AS SUFFICIENT FUNDS BECOME AVAILABLE FOR THE PROJECT.

FUNDS ARE TRANSFERRED TO THE AIR FORCE GIFT FUND WHICH IS UTILIZED TO

FINANCE THE EFFORT. CAPITAL CONSTRUCTION IS MANAGED FOR THE AIR FORCE

BY THE US ARMY CORPS OF ENGINEERS.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

THE AIR FORCE MUSEUM FOUNDATION, INC.

Employer identification number 31 - 0668800

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

IMPORTANT ERA AND NOTABLE ACHIEVEMENTS OF THE AIR FORCE.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

BUILDING OPTION REQUIREMENTS. THEREFORE, WHEN THE ADDITIONAL FUNDS ARE

AVAILABLE, THEY WILL BE PROFFERED TO THE AIR FORCE GIFT FUND. THE

CONSTRUCTION WILL BE MANAGED BY THE US ARMY CORPS OF ENGINEERS.

FORM 990, PART VI, SECTION A, LINE 2:

MAJ GEN (RET) E. ANN HARRELL AND COL (RET) WILLIAM S. HARRELL ARE SIBLINGS.

FORM 990, PART VI, SECTION B, LINE 11:

A COPY OF THE DRAFT AUDITED FINANCIAL STATEMENTS AND THE FORM

990 WERE PROVIDED TO ALL MEMBERS OF THE BOARD OF MANAGERS FOR THEIR REVIEW

AND COMMENT PRIOR TO THE ANNUAL MEETING ON MAY 4, 2015. THE INDEPENDENT

AUDITOR MEETS FORMALLY WITH THE MEMBERS OF THE AUDIT & RISK COMMITTEE

INCLUDING THE TREASURER WHO REVIEW THE AUDITED FINANCIAL STATEMENTS IN

DETAIL AS WELL AS THE GOVERNANCE DETAILS OF THE FORM 990. THE INDEPENDENT

AUDITOR PRESENTED A SUMMARY OF THE AUDITED FINANCIAL STATEMENTS TO THE FULL

BOARD AND ANSWERED ANY QUESTIONS RELATING TO THE FORM 990. THE FORM 990 WAS

APPROVED BY UNANIMOUS CONSENT OF THE BOARD OF MANAGERS ON MAY 4, 2015.

 FORM 990, PART VI, SECTION B, LINE 12C:

 THE FOUNDATION EXECUTIVE OFFICE QUERIES EACH MEMBER OF THE BOARD OF

 MANAGERS ANNUALLY ON MATTERS RELATING TO 'CONFLICT OF INTEREST'. EACH

 MEMBER IS REQUIRED TO DISCLOSE ANY INFORMATION INVOLVING FAMILY, OTHER

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

 Schedule O (Form 990 or 990-EZ) (2014)

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 2014.03040 THE AIR FORCE MUSEUM FOUNDA 23143_01

Schedule O (Form 990 or 990-EZ) (2014)	Page 2					
Name of the organization THE AIR FORCE MUSEUM FOUNDATION, INC.	Employer identification number 31-0668800					
ORGANIZATIONS OR BUSINESS RELATIONSHIPS THAT MIGHT BE CONSTRUED AS A						
CONFLICT OF INTEREST WITH THEIR MEMBERSHIP ON AND/OR DUTIES OF THE BOARD OF						
MANAGERS. MEMBERS ARE REQUIRED TO CERTIFY IN WRITING THAT	ALL INFORMATION					
WHICH MIGHT BE RELEVANT HAS BEEN DISCLOSED. THE SURVEY CO	NFLICT CONCERNS					
ARE REVIEWED BY THE EXECUTIVE COMMITTEE OF THE BOARD FOR	COMPLIANCE, AND					
POTENTIAL CONFLICTS ARE RESOLVED BY CONTACT BETWEEN THE E	XECUTIVE COMMITTEE					
AND THE MEMBER INVOLVED, IF POSSIBLE. EXTENDED INVESTIGAT	IONS, WHEN					
WARRANTED, WILL BE HANDLED BY PERSONS APPOINTED BY THE EX	ECUTIVE COMMITTEE.					
FORM 990, PART VI, SECTION B, LINE 15:						
THE FOUNDATION OPERATES IN A MILITARY FACILITY AND REVIEW	S THE BLS COST OF					
LIVING INFORMATION, MILITARY AND CIVILIAN PERCENTAGE PAY	INCREASE AND					
PERIODICALLY INDEPENDENT PAY ANALYSIS TO DETERMINE A PERC	ENTAGE PAY					
ADJUSTMENT FOR ALL FOUNDATION EMPLOYEES. THE PERCENTAGE I	NCREASE IS APPLIED					
TO THE FOUNDATION PAY-GRID AND MINOR ADJUSTMENTS APPLIED	TO ANY POSITIONS					
WHICH WARRANT SUCH ADJUSTMENT. THE PAY INCREASE IS PRESEN	TED TO THE					
TREASURER OF THE FOUNDATION WHO COORDINATES ITS APPROVAL	WITH THE EXECUTIVE					
COMMITTEE.						
FORM 990, PART VI, SECTION C, LINE 19:						
THE BY-LAWS, FINANCIAL DOCUMENTS, FORM 990 AND 'CONFLICT	OF INTEREST'					
POLICY ARE AVAILABLE FOR REVIEW AT THE AIR FORCE MUSEUM F	OUNDATION OFFICE					
UPON WRITTEN REQUEST. SPECIFIC DOCUMENTS MAY ALSO BE MADE AVAILABLE VIA						
ELECTRONIC TRANSFER OR FAX WHEN A REVIEWER SO REQUESTS IN WRITING.						
FORM 990, PART XII, LINE 2C						

THE PROCESS TO OVERSEE THE AUDIT HAS NOT CHANGED FROM THE PRIOR YEAR.